

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Union Texas Petroleum

3. ADDRESS OF OPERATOR
375 U.S. Highway 64, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
990' FSL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
SF-078510

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
OXNARD

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8-T31N-R8W

12. COUNTY OR PARISH 13. STATE
San Juan NM

RECEIVED

OCT 24 1986

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In reply to your letter of September 3, 1986 (Reference SF-078510 <WC> 3162.3-4 <016>), please be advised that all production equipment has been removed, the location has been recontoured and reseeded. All work except the removal of the cathodic protection system has been done. We desire to use this cathodic protection system for the replacement well (Oxnard 1R; 1565' FSL & 1715' FWL, Section 8, T31N-R8W).

OCT 29 1986
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct.
SIGNED Robert C. Frank TITLE Permit Coordinator DATE 10/21/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE OCT 28 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY oll

*See Instructions on Reverse Side

NMOCC